

Name in Full		485		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Carrollton</i>		County <i>Carroll</i>			
		State <i>MARYLAND</i>					
		Date of death <i>1909</i>	Month <i>June</i>	Day <i>2</i>	Age <i>79</i>	Months <i>8</i>	Days
		Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
		Occupation <i>House Wife</i>	Where Residing if not at place of death <i>—</i>				
		Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>William Arbough</i>				
		Father's Name <i>Jacob Stone</i>		Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>don't know</i>		Mother's Birthplace <i>unknown</i>					
Name of person giving information <i>Jacob L Arbough</i>		How related to deceased <i>Son</i>					
		CAUSES OF DEATH		(50)			
PHYSICIAN OR CORONER		Primary <i>Old age</i>		How long <i>3 months</i>			
		Immediate <i>Diabetes</i>		How long <i>4 months</i>			
		Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Jos. H. Bellup Coe</i>			
		Address <i>Westminster Md.</i>					
Accident or Suicide? <i>No-</i>							

Bethel Church of God  
Carrollton

Tharner

Name  
in  
Full

491  
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Westminster</i> <sup>Town</sup>		<i>Carroll</i> <sup>County</sup>		MARYLAND	
Date of death	1909	Month	June	Day	18
Sex	Male	Color or Race	White	Birth-place	Maryland
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name	<i>Raymond Arutz</i>			Father's Birthplace	<i>Maryland</i>
Mother's Maiden Name	<i>Lulu Tracey</i>			Mother's Birthplace	<i>Ky</i>
Name of person giving information	<i>Raymond. Arutz</i>			How related to deceased	<i>Husband</i>

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Craniotomy.</i>	How long	<i>8</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. S. Mathews.</i>		
	Address <i>Westminster, Md.</i>		
Accident or Suicide?			

Luster Church

Chambers

Name  
in  
Full

David C. Baile

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at <sup>Town</sup> *New Medford* <sup>County</sup> *Carroll*

MARYLAND

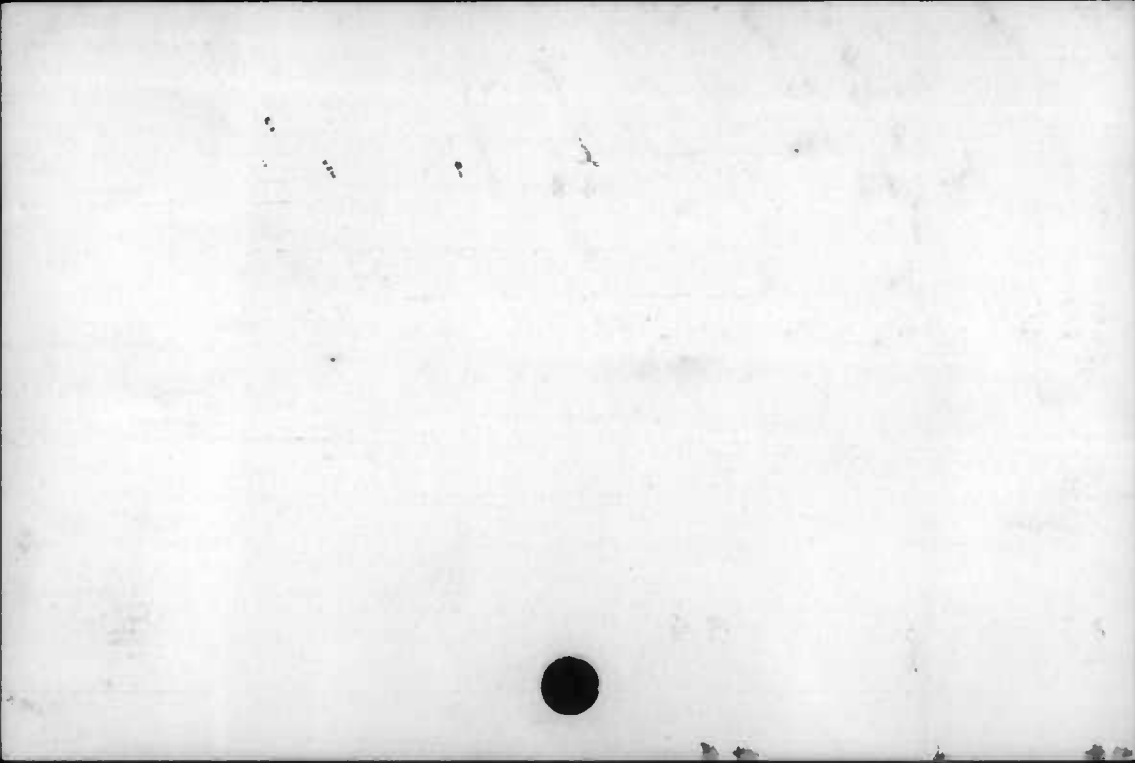
Date of death 1909 <sup>Month</sup> *June* <sup>Day</sup> *11* Age <sup>Years</sup> *76* <sup>Months</sup> *10* <sup>Days</sup> *19*Sex *Male* Color or Race *White* Birth-place *Maryland*Occupation *Miller* Where Residing if not at place of death *New Medford*Married, Single or Widowed *Married* Name of Wife or Husband *Mary E. Baile*Father's Name *Abraham Baile* Father's Birthplace *Maryland*Mother's Maiden Name *Sarah Cassell* Mother's Birthplace *Maryland*Name of person giving information *John M. Baile* How related to deceased *son*

CAUSES OF DEATH

120

PHYSICIAN  
OR  
CORONERPrimary *Unknown* How long *Unknown*Immediate *Nephritis (albuminuous)* How long *4 minutes*Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *W. H. Brown*Address *New Windsor*

Accident or Suicide?



Name  
in  
Full

Henry Baker

## CERTIFICATE OF DEATH

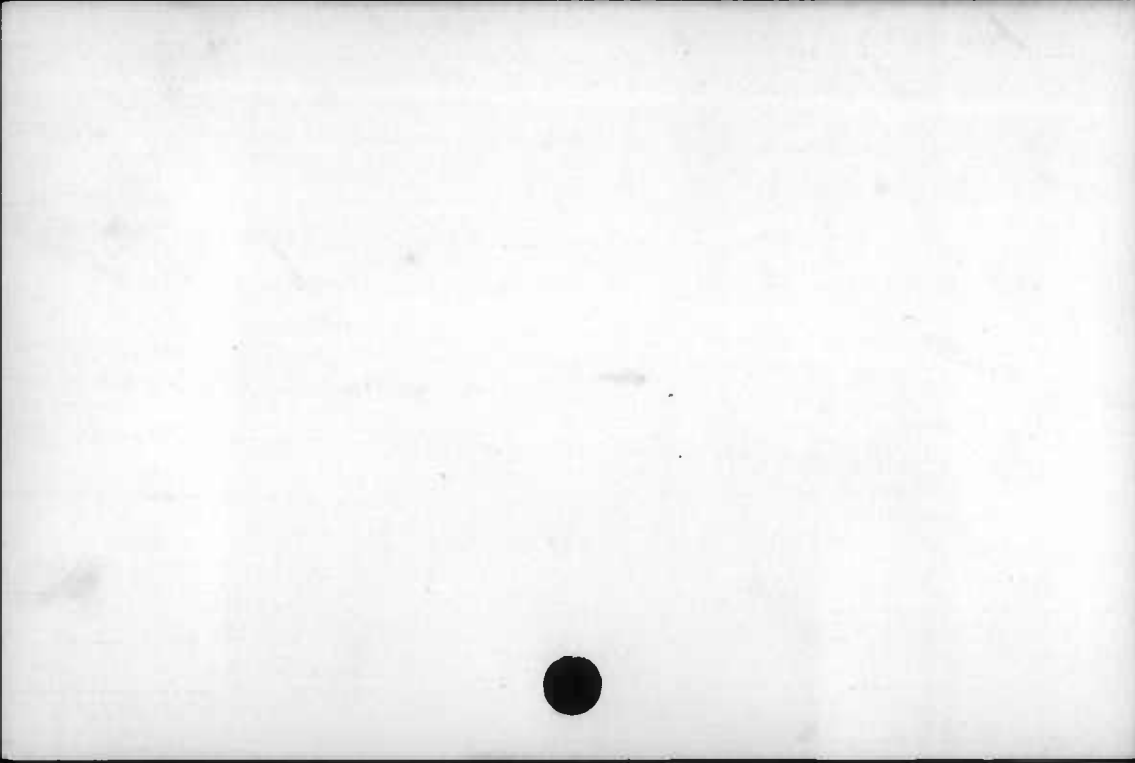
Died at *Medford* Town *Carroll* County

MARYLAND

Date of death *1909 June 18* Month *June* Day *18* Age *79* Years *79* Months *2* Days *21*Sex *Male* Color or Race *White* Birth-place *Maryland*Occupation *Farmer* Where Residing if not at place of death *Medford*Married, Single or Widowed *married* Name of Wife or Husband *Annis T. Baker*Father's Name *Jacob Baker* Father's Birthplace *Maryland*Mother's Maiden Name *Hannah Hainer* ✓ Mother's Birthplace *Maryland*Name of person giving information *Frank Baker* How related to deceased *son*

Jumped from W. M. R. R. train. CAUSES OF DEATH

Primary *Accident (railroad)* *166* How longImmediate *Cerebral Complications* How long *10 days*Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *D. J. E. Whitehead*Address *New Windsor Md*Accident or Suicide? *Accident.*TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER





Name  
in  
Full

Lucinda E. C. Bower

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Taneytown Barroll MARYLAND  
 Date of death 1929 June 25 Age 50 5 20  
 Sex Female Color or Race white Birth-place Adams Co. Pa  
 Occupation House-wife Where Residing if not at place of death \_\_\_\_\_  
 Married, ~~Single~~ Married Name of ~~Wife~~ Husband John S. Bower  
 Father's Name James Reaver Father's Birthplace Md -  
 Mother's Maiden Name Catharine Linah Mother's Birthplace Pa -  
 Name of parson giving Information John S. Bower How related to deceased Husband.

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary Chronic Interstitial Nephritis How long 10 months  
 Immediate Uremic Coma How long 3 days  
 Are the name, age, sex, color, date and place correctly given above? Yes  
 Signature of Physician Chandoe M. Benner M.D.  
 Address Taneytown Md.  
 Accdant or Suicide \_\_\_\_\_



Name  
in  
Full

Elsie C. Byers

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Lemming Town Carroll County MARYLAND  
 Date of death 1909 June Month 29 Day 34 Years 34 Months — Days —  
 Sex Female Color or Race White Birth-place Maryland  
 Occupation Housewife Where Residing if not at place of death Lemming  
 Married, Single or Widowed Married Name of Wife or Husband Edward M. Byers  
 Father's Name Isaac Kiler Father's Birthplace Ma  
 Mother's Maiden Name Elizabeth Kiler Mother's Birthplace Ma  
 Name of person giving Information Edward M. Byers How related to deceased Husband

## CAUSES OF DEATH

137

Primary Puerperal Sepsis Phlegmonia alba dolens How long Five weeks  
 Immediate Cardiac Metastasis acute Endocarditis How long Six hours.

Are the name, age, sex, color, date and place correctly given above?

yes,

Signature of Physician

E. A. Cronk

Address

Winfield Carroll Co, Md

Accident or Suicide

PHYSICIAN  
OR CORONER



Name  
in  
Full

Oliver Calvin Chaney

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Watersville		Carroll					
Date of death	Month	Day	Age	Years	Months	Days	
1909	June	24	1		6	5	
Sex	Color or Race	Birth-place					
Male	White	Carroll Co.					
Occupation	Where Residing if not at place of death						
None	—						
Married, Single or Widowed	Name of Wife or Husband						
—	—						
Father's Name	Father's Birthplace						
Oliver Lewis Chaney	Frederick Co						
Mother's Maiden Name	Mother's Birthplace						
Luanna Hartman	Balto. Co						
Name of person giving Information	How related to deceased						
Oliver Lewis Chaney	Father						

CAUSES OF DEATH

105

How long

Primary	How long	
Immediate	7 days	
Cholera Infantum		
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	Address
Yes	J. Albert Niece,	Risbon.
		Md..
Accident or Suicide		

PHYSICIAN  
OR CORONER

1



Name in Full		487 CERTIFICATE OF DEATH					
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Westminster</i> Town		<i>Carroll</i> County		MARYLAND		
	Date of death	<i>1909</i>	Month <i>June</i>	Day <i>5</i>	Age <i>24</i> Years	Months <i>3</i>	Days
	Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>			
	Occupation <i>House Wife</i>	Where Residing if not at place of death <i>Newport News Va</i>					
	Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Andrew J. Curry</i>					
	Father's Name <i>John Houck</i>	Father's Birthplace <i>Maryland</i>					
	Mother's Maiden Name <i>Carrie Wright</i>	Mother's Birthplace <i>La</i>					
	Name of person giving information <i>Emma Dungan</i>	How related to deceased <i>Aunt</i>					
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	<i>Heart Disease</i>			How long <i>One Year</i>		
	Immediate	<i>Heart Failure</i>			How long <i>A few Hours.</i>		
	Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>		Signature of Physician <i>Jas. H. Belknap</i> Address <i>Westminster Md.</i>		
	Accident or Suicide?		<i>No</i>				

Leesburg Va  
Shaver



Name  
in  
Full

Earl Mc Dell

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1909		June	6	5	4	L	19
Sex	Female			Color or Race	Sh		
Occupation				Where Residing if not at place of death	Oakland Mills		
<del>Married</del> Single or Widowed		Name of Wife or Husband					
Father's Name		David E Dell				Father's Birthplace	
						North Branch	
Mother's Maiden Name		Margerie E Parker				Mother's Birthplace	
						Oakland Mills	
Name of person giving Information		Florence E. Dell				How related to deceased	
						Aunt	

## CAUSES OF DEATH

93

Primary Pneumonia

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

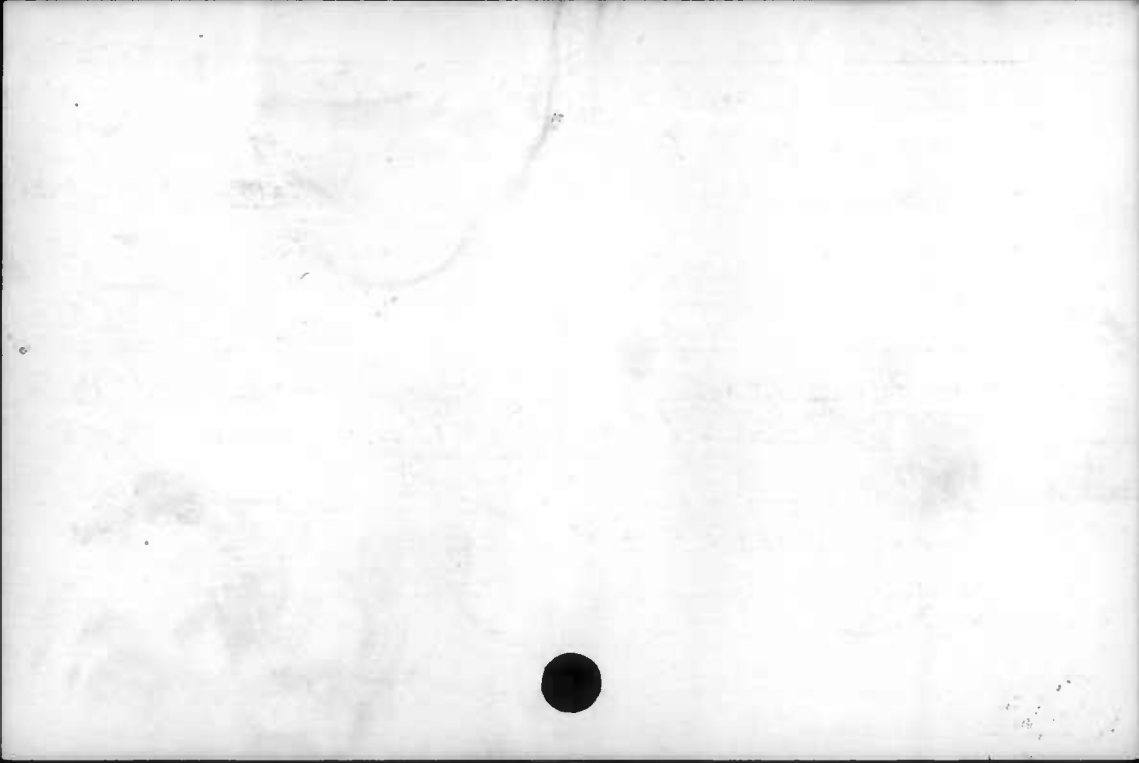
Signature of Physician

Address

R. A. Wells  
Lancaster

Accident or Suicide

PHYSICIAN  
OR CORONER



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

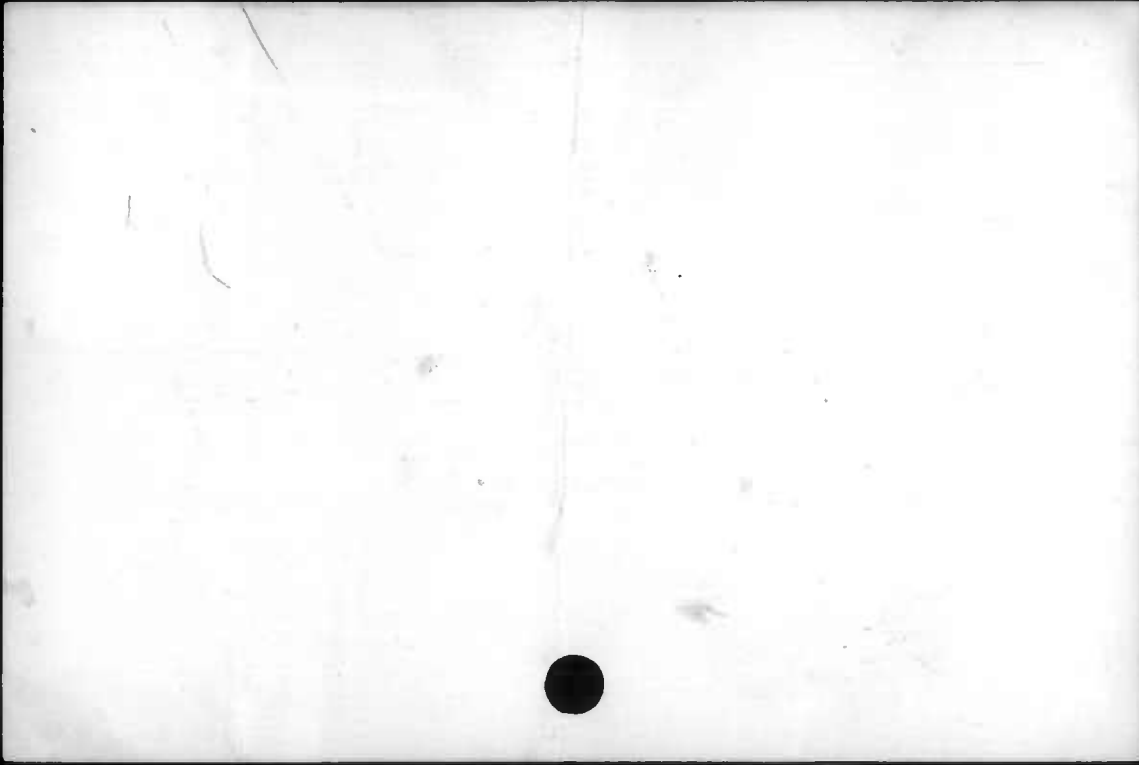
Diad et		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		June	12	8		3	10
Sex		Color or Race		Birth-place			
Female		H		Greensville			
Occupation				Where Residing if not at place of death			
X				at Place of Death			
Married, Single or Widowed		Name of Wife or Husband					
X		X					
Father's Name		Father's Birthplace					
David E Wells		North Branch					
Mother's Maiden Name		Mother's Birthplace					
Margaret E Parker		Carland Mills					
Name of person giving Information		How related to deceased					
Wahnetta M Daughn		Sister					

CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary		How long	
Immediate		How long	
Pneumonia			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		P. A. Wells, M.D.	
		Address	
		Gambier Md	
Accident or Suicide			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

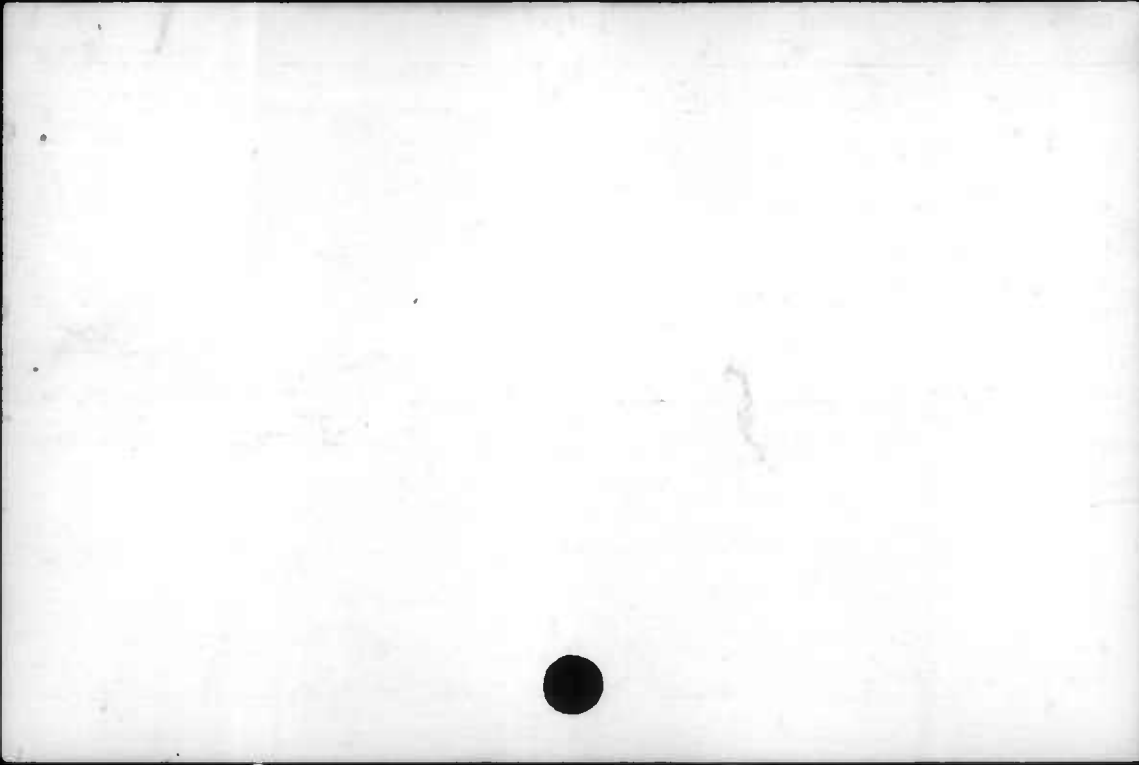
Died at <i>Oakland Mills</i>		Town <i>Oakland Mills</i>		County <i>Carroll</i>		MARYLAND	
Date of death <i>1909 June 7</i>		Month <i>June</i>		Day <i>7</i>		Age <i>11</i> Months <i>8</i> Days	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Oakland Mills</i>			
Occupation <i>X</i>		Where Residing if not at place of death <i>at Oakland Mills</i>					
Married, Single or Widowed <i>X</i>		Name of Wife or Husband <i>X</i>					
Father's Name <i>David E Dell</i>		Father's Birthplace <i>North Branch</i>					
Mother's Maiden Name <i>Margery E Parker</i>		Mother's Birthplace <i>Oakland Mills</i>					
Name of person giving Information <i>David E Dell</i>		How related to deceased <i>father</i>					

## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary	<i>Pneumonia</i>	How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>R. G. Hella</i>
		Address	<i>Sambar</i>
Accident or Suicide			



Name  
in  
Full

Eugene E. Foss.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Lylesville Town Cassell County MARYLAND

Date of death 1909 June Month 21<sup>st</sup> Day Age 35 Years Months — Days —

Sex Male Color or Race White Birth-place Ind.

Occupation Plumber Where Residing if not at place of death —

Married, Single or Widowed Single Name of Wife or Husband —

Father's Name John C. Foss Father's Birthplace Ind.

Mother's Maiden Name Mary Faires Mother's Birthplace Ind.

Name of person giving Information Hospital records How related to deceased —

## CAUSES OF DEATH

56

PHYSICIAN  
OR CORONER

Primary Chronic Alcoholism How long 10 years.

Immediate acute Sclerema & Cardiac Failure How long 1 day

Are the name, age, sex, color, data and place correctly given above? yes

Signature of Physician E. H. Snarely

Address Springfield State Hsp.  
Lylesville, Ind.

Accident or Suicide No.





Name  
in Full

*Era. Wilbur. Fuss*

CERTIFICATE OF DEATH

MARYLAND

Died at *Taneytown* Town *Carroll* County  
 Date of death *1909* Year *June* Month *6* Day *11* Age *8* Months *14* Days  
 Sex *Male* Color or Race *White* Birth-place *Taneytown Md*  
 Occupation *None* Where Residing if not at place of death

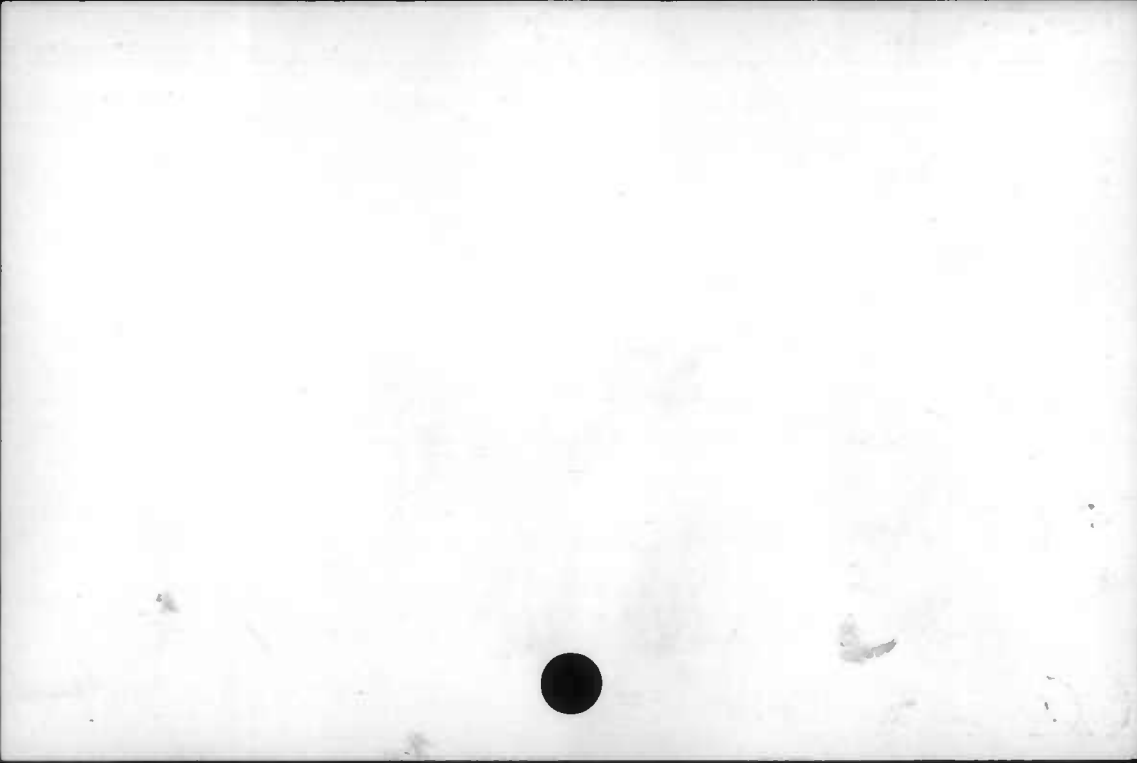
~~Married, Single~~ *Single* Name of Wife or Husband  
 Father's Name *Charles. O. Fuss* Father's Birthplace *Shumanbridge Md*  
 Mother's Maiden Name *Alice. S. Bekard* Mother's Birthplace *Carroll Co Md*  
 Name of person giving Information *Chas. O. Fuss* How related to deceased *Father*

CAUSES OF DEATH

Primary *Acute Laryngitis acute* How long *6 days*  
 Immediate *Laryngitis Hypoglossica* How long *1 day -*  
 Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Charles C. Roop*  
 Address *Taneytown Md*  
 Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

Frederick Goldmacher

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> *Springfield Hospital* <sup>County</sup> *Carroll* **MARYLAND**

Date of death *1909* <sup>Month</sup> *June* <sup>Day</sup> *4* <sup>Years</sup> *73* <sup>Months</sup>  <sup>Days</sup>

Sex *m* Color or Race *W* Birth-place *Germany*

Occupation *Barber* Where Residing if not at place of death

Married, Single or Widowed *Widowed* Name of Wife or Husband *unknown*

Father's Name *Unknown* Father's Birthplace *Unknown*

Mother's Maiden Name *"* Mother's Birthplace *"*

Name of person giving Information *Hospital records* How related to deceased

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

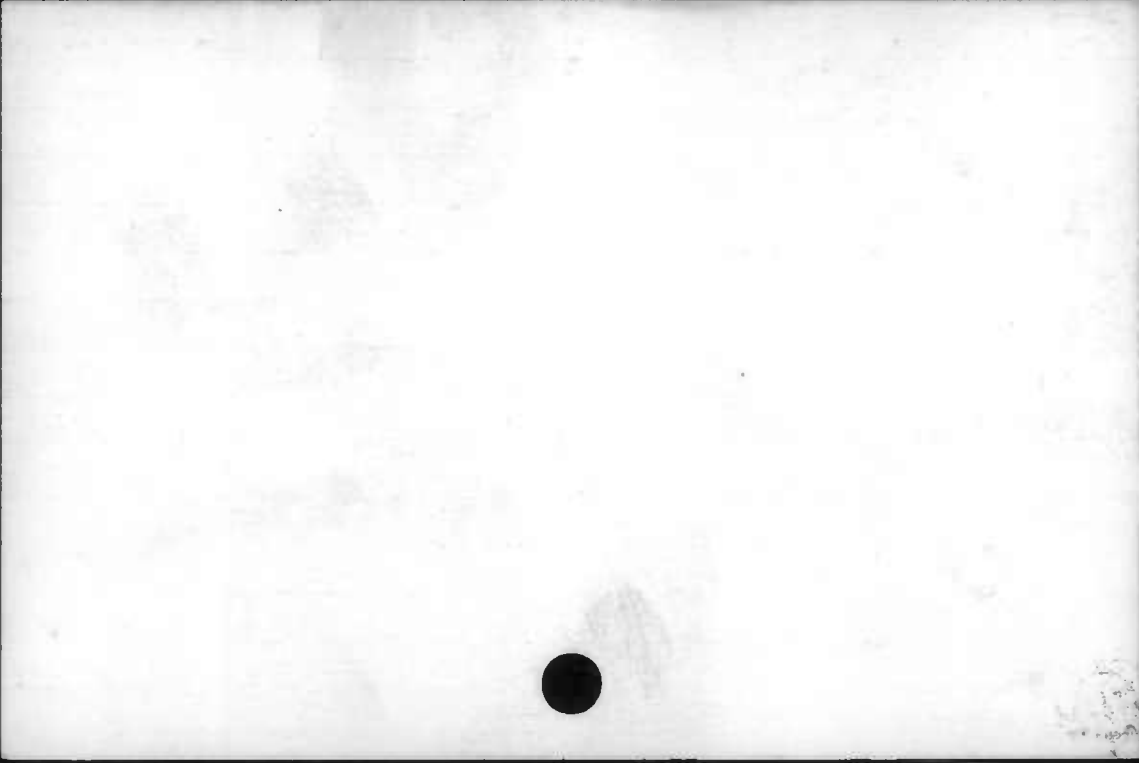
Primary *Chronic Nephritis* How long *5 years*

Immediate *Pulmonary Edema* How long *1 day*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *Chas. J. Carey*

*no* Address *Sykesville Md*

Accident or Suicidal *no*



Name  
in  
Full

David Guines

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died-at <i>near East</i> Town		County <i>Carroll</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>6</i>	Day <i>2</i>	Age <i>71</i>	Years <i>71</i>	Months <i>-</i> Days <i>-</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>near East Md.</i>			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Martha A Guines</i>				
Father's Name <i>Richard Guines (deceased)</i>	Father's Birthplace <i>Carroll Co, Md.</i>		Mother's Birthplace <i>" " "</i>		
Mother's Maiden Name <i>Susan Parrish ( " )</i>	Mother's Birthplace <i>" " "</i>		How related to deceased <i>Son</i>		
Name of person giving information <i>William Guines</i>					

CAUSES OF DEATH

(10)

PHYSICIAN  
OR CORONER

Primary <i>Grippe</i>	How long <i>2 weeks</i>
Immediate <i>senile exhaustion</i>	How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E D Cronk</i>
	Address <i>unfield Carroll Co.</i>
Accident or Suicide?	

Bethesda

Name  
in  
Full

*Jane Ross Hann*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Bruceville</i> <small>Town</small>		<i>Carroll</i> <small>County</small>		MARYLAND	
Date of death	<i>1909</i> <small>Month</small>	<i>Jun</i> <small>Day</small>	<i>3</i> <small>Age</small>	<i>10</i> <small>Years</small>	<i>17</i> <small>Months</small>
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Bruceville Ind</i>
Occupation	<i>none</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband			
Father's Name	<i>Hayden L. Hann</i>			Father's Birthplace	<i>Middleburg Ind</i>
Mother's Maiden Name	<i>Vergie L. Tuscollet</i>			Mother's Birthplace	<i>Frederick Co "</i>
Name of person giving information	<i>Hayden L. Hann</i>			How related to deceased	<i>Father</i>

CAUSES OF DEATH

**93**

PHYSICIAN  
OR CORONER

Primary	<i>Bronchitis</i>	How long	<i>10 months</i>
Immediate	<i>Pneumonia</i>	How long	<i>4 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>Charles P. Ross</i>	
		Address	
		<i>Farmington Ind</i>	
Accident or Suicide? <input type="checkbox"/>			

Haughy Church



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

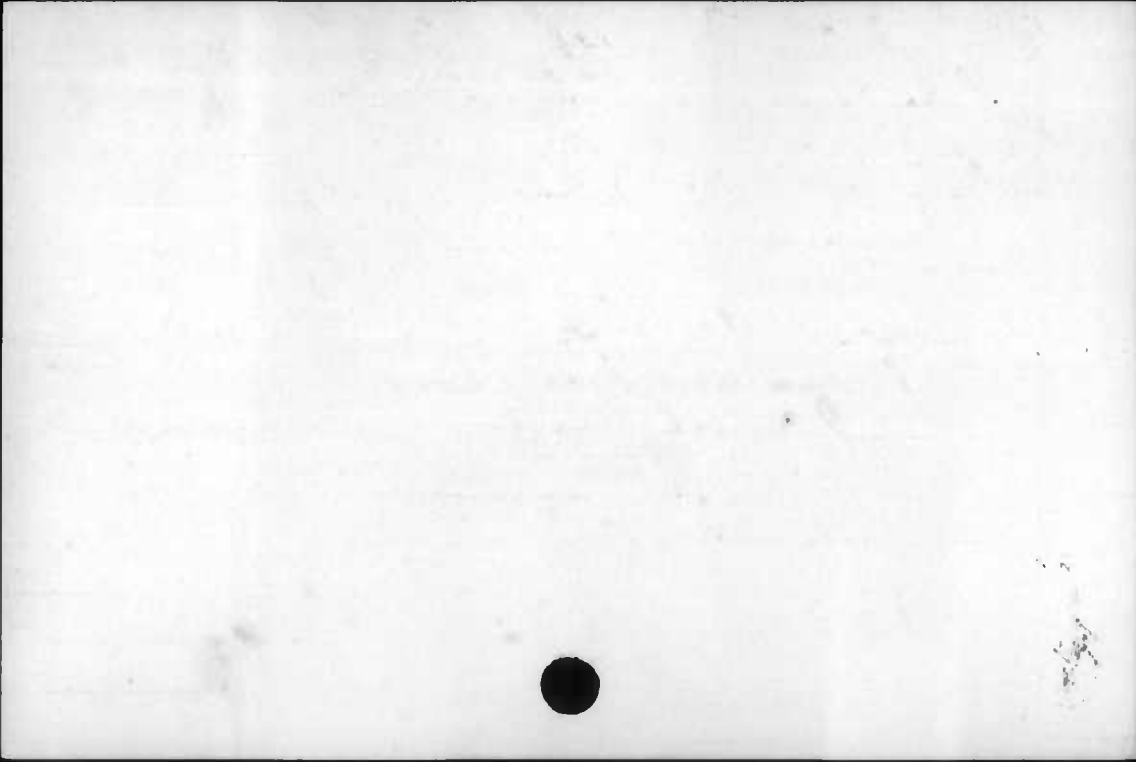
Died at <i>Stemming</i>		Town <i>Stemming</i>		County <i>Carroll</i>		State <i>MARYLAND</i>	
Date of death <i>1909</i>	Month <i>June</i>	Day <i>7</i>	Age <i>78</i>	Years <i>8</i>	Months <i>12</i>	Days <i>12</i>	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>				
Occupation <i>Housemaid</i>	Where Residing if not at place of death <i>Stemming</i>						
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband						
Father's Name <i>Joseph P. Stoffer</i>	Father's Birthplace <i>Ind.</i>						
Mother's Maiden Name <i>Julia Ann. Manahox</i>	Mother's Birthplace						
Name of person giving information <i>Frank Bond</i>	How related to deceased <i>son in law</i>						

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary <i>Chronic Nephritis</i>	How long <i>20 years</i>
Immediate <i>Cardiac Asthenia</i>	How long <i>2 minutes</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Arthur L. Harty</i>
	Address <i>New Windsor Md.</i>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY  
NEAREST FRIEND

Elizabeth Hampshire  
 Died <sup>Town</sup> Near Hampstead, <sup>County</sup> Carroll

Date of death 1909 6 17 As 79 7 Months 29 Days

Sex Female Color or Race White Birth-place Balto, Co

Occupation Housewife Where Residing if not at place of death —

Married, Single or Widowed Widow Name of Wife or Husband John Hampshire

Father's Name Geo Baulwitz Father's Birthplace Not Known

Mother's Maiden Name Martha Frank Mother's Birthplace —

Name of person giving information Mollie Martin How related to deceased Daughter

## CAUSES OF DEATH

64

How long

How long

48 days

PHYSICIAN  
OR CORONER

Primary Apoplexy

Immediate Chorea

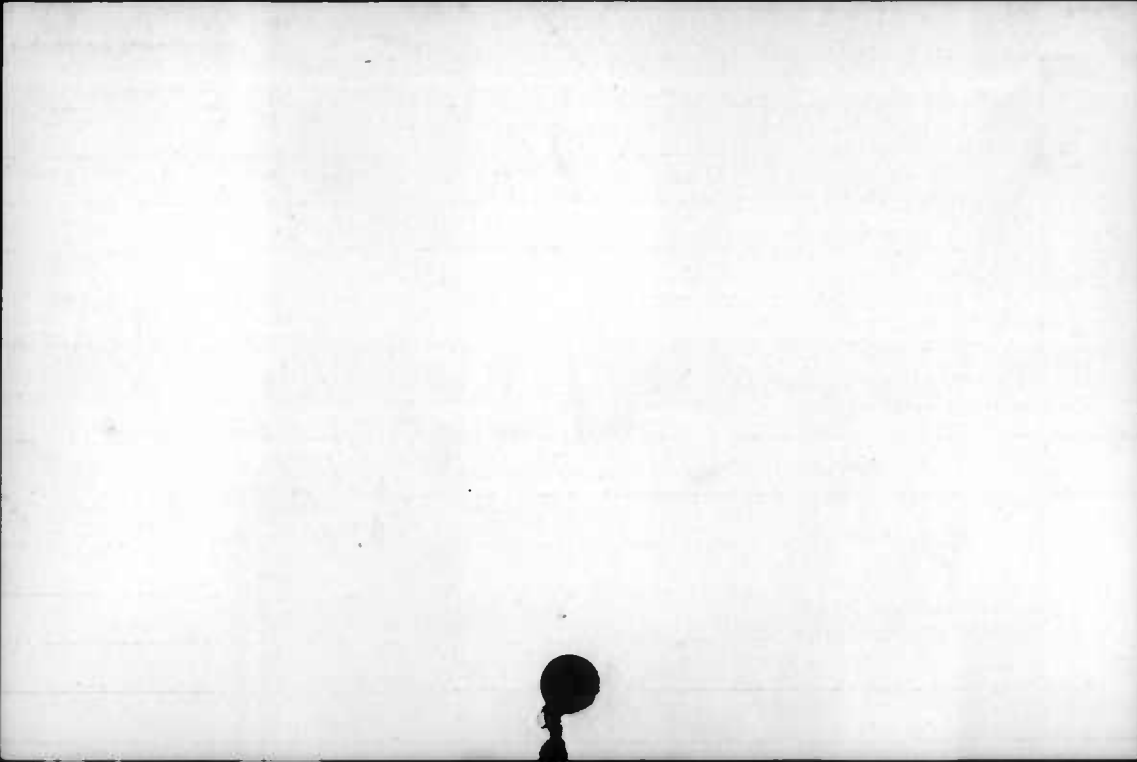
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

R. B. Well  
 Hampstead Ind

Accident or Suicide?



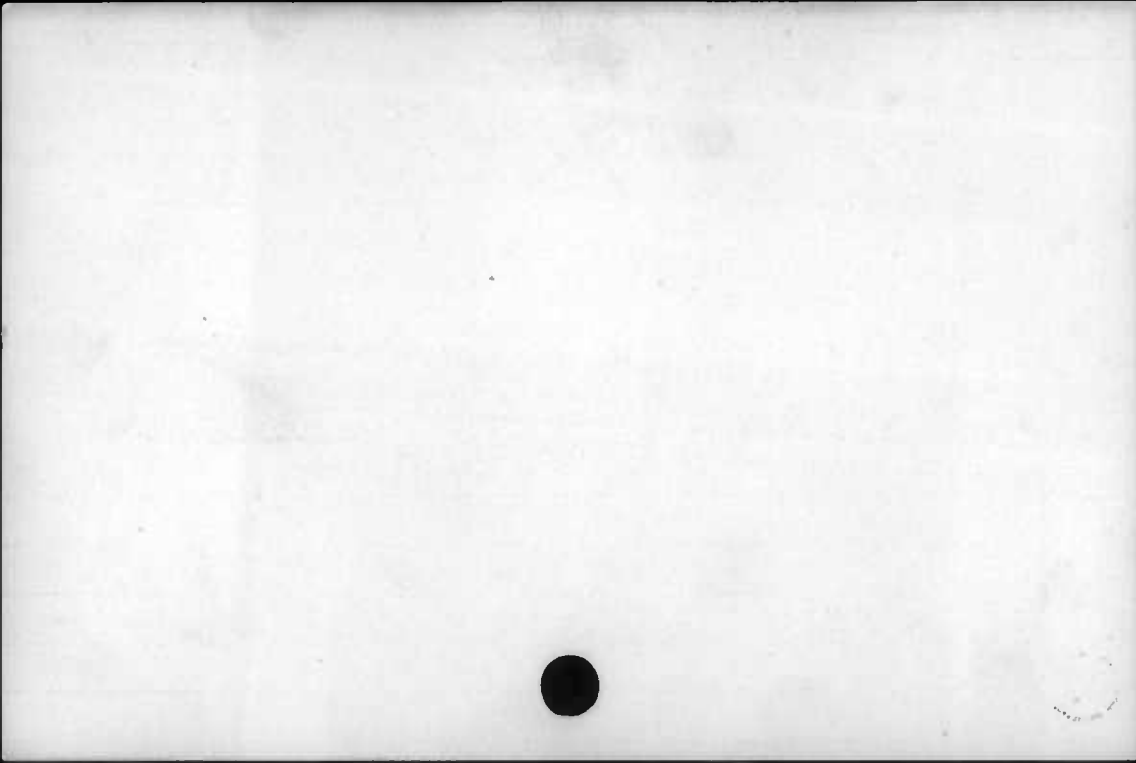
Name  
in  
Full489  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Western Chapel</i>		Town <i>Jackson</i>		County <i>Connel</i>		MARYLAND	
Date of death	<i>1909</i>	Month <i>June</i>	Day <i>13</i>	Age	Years	Months	Days
Sex <i>Male</i>	Color or Race <i>B</i>		Birth-place <i>Western Chapel</i>				
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>Anthony A. Jackson</i>		Father's Birthplace <i>Worcester, Mass.</i>					
Mother's Maiden Name <i>Bessie May Black</i>		Mother's Birthplace <i>Worcester, Mass.</i>					
Name of person giving information <i>Anthony A. Jackson</i>		How related to deceased <i>Father</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Typhoid</i>	How long	<i>8</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>A. Luther Barr.</i>	
		Address <i>Westminster, Md.</i>	
Accident or Suicide?			



Name  
in  
Full

CERTIFICATE OF DEATH

Ada Zilla Johns  
Town New Hartford County Carroll

MARYLAND

Died at

Month 9 Day 16

Age 66

Months

Days

Date  
of death

1909 June

Color or  
Race

Colored

Birth-  
place

Maryland,

Sex

Female

Occupation

Housework

Where Residing if not  
at place of death

Married, Single  
or Widowed

Widow

Name of Wife or  
Husband

William H Johns

Father's  
Name

Sebastian Hammond

Father's  
Birthplace

Md.

Mother's  
Maiden Name

Margella Siedler

Mother's  
Birthplace

Md.

Name of person giving  
Information

Sinkney W. Johns

How related  
to deceased

Son.

CAUSES OF DEATH

Primary

Nephritis

How long

2 years

Immediate

Pneumonia

How long

5 days

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

Arthur Gentry  
New Windsor  
Md.

Accident or Suicide

TO BE ANSWERED BY  
— NEAREST FRIEND

PHYSICIAN  
OR CORONER

120





Name  
in  
Full

*Elijah E. Koors*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Gunnsville</i>		County <i>Betta Carroll</i>		MARYLAND	
Date of death	1909	Month <i>June</i>	Day <i>4</i>	Age <i>77</i>	Years —
Sex <i>Male</i>	Color or Race <i>white</i>	Birth- place <i>Penna</i>		Months —	
Occupation <i>Carpenter</i>	Where Residing if not at place of death —				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Elizabeth Koors</i>				
Father's Name <i>Don't know</i>	Father's Birthplace <i>Don't know</i>		Mother's Birthplace <i>Don't know</i>		
Mother's Maiden Name <i>Don't know</i>	Name of person giving Information <i>Elizabeth Koors</i>		How related to deceased <i>wife</i>		

CAUSES OF DEATH

*(66)*

PHYSICIAN  
OR CORNER

Primary <i>Paralysis</i>	How long <i>3 months</i>
Immediate <i>old age &amp; exhaustion</i>	How long —
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>R. M. Dorsey M.D.</i>
Address <i>Reintstown</i>	
Accident or Suicide	<i>Betta Co. Ind</i>



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *William Kramer* Town *Sylkesville* County *Carroll*  
 Died at *Sylkesville* Month *June* Day *22* Age *42* Months *—* Days *—*  
 Date of death *1909 June 22*  
 Sex *Male* Color or Race *White* Birth-place *Ind.*  
 Occupation *Laborer* Where Residing if not at place of death *Ind.*

Married, Single or Widowed *Single* Name of Wife or Husband

Father's Name *John Kramer*

Father's Birthplace *Germany*

Mother's Maiden Name *(Unknown) Schawitz*

Mother's Birthplace *Germany*

Name of person giving Information *Hospital Records*

How related to deceased

## CAUSES OF DEATH

67

Primary *General Paralysis*  
 Immediate *Exhaustion*

How long *about 1 1/2 yrs.*  
 How long *Progressive*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

*S. H. Swavelly*  
 Address *Springfield State Hosp. Sylkesville, Ind.*

Accident or Suicide *No*

PHYSICIAN  
OR CORONER



Name  
in  
Full

Deford Light

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at *mt airy* Town

County

*Carroll*

MARYLAND

Date of death *1909 June*

Month

Day

*14*Age *4 mo*

Years

Months

Days

Sex *Male*Color or  
Race*White*Birth-  
place*Baltimore*

Occupation

Where Residing if not  
at place of death*Baltimore*Married, Single  
or Widowed*Single*Name of Wife or  
HusbandFather's  
Name*Henry a Light*Father's  
Birthplace*A McKenry*Mother's  
Maiden Name*Catherine Wrightmiller*Mother's  
Birthplace*Washington D.C.*Name of person giving  
In formation*Mrs C W Light*How related  
to deceased*mother.*

## CAUSES OF DEATH

*179*

Primary

*Malnutrition*

How long

*since birth.*

Immediate

*Acute Inanition*

How long

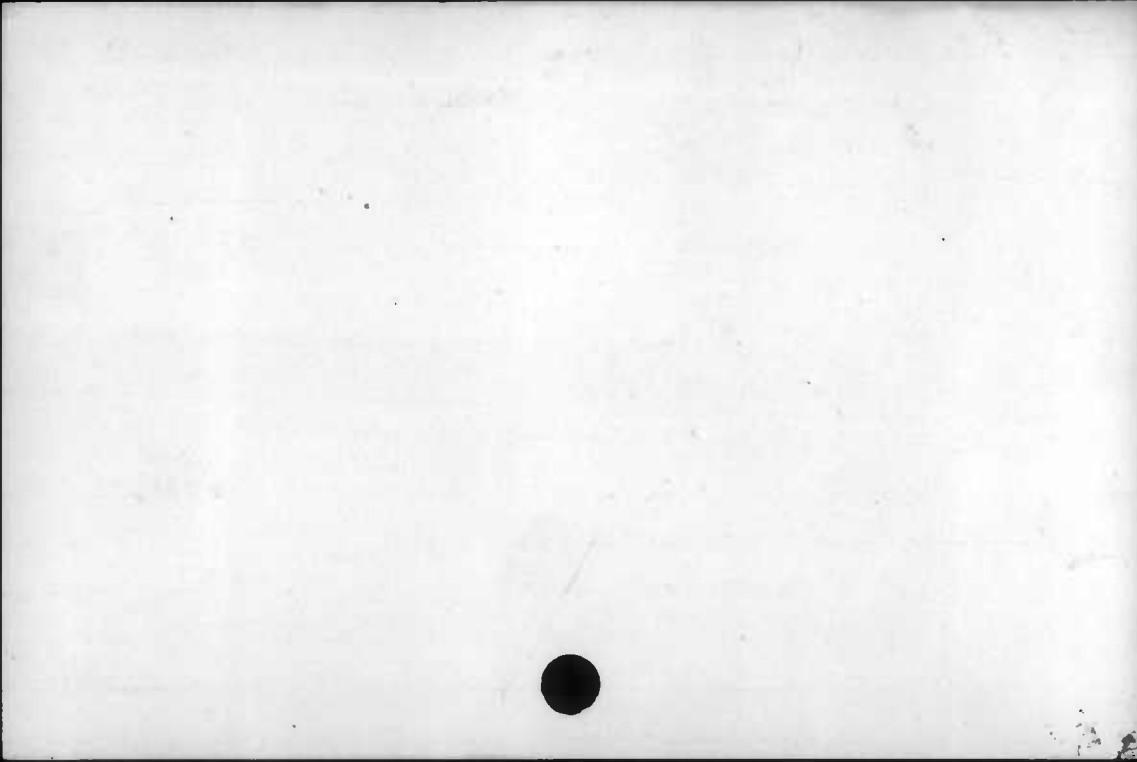
*About 8 hours.*Are the name, age, sex, color, date  
and place correctly given above?*yes.*Signature of  
Physician.*H. E. Gaver*

Address

*mt airy Md.*PHYSICIAN  
OR CORONER

Accident or Suicide?

*No*



Name  
in  
Full

CERTIFICATE OF DEATH

*Marlana Lockner*

Died at *Copperville* Town *Cassell* County **MARYLAND**  
 Date of death 1909 *June 4* Month *June* Day *4* Age *6* Years *6* Months *6* Days  
 Sex *male* Color or Race *white* Birth-place *Ind*  
 Occupation *none* Where Residing if not at place of death

~~Married, Single~~ ~~or Widowed~~ Name of Wife or Husband  
 Father's Name *Emory Lockner* ✓ Father's Birthplace *Ind*  
 Mother's Maiden Name *Mary Olsen* ✓ Mother's Birthplace *Ind*  
 Name of person giving Information *Emory Lockner* How related to deceased *Father*

CAUSES OF DEATH

Primary *Premature birth*  
 Immediate *atelectasis*

How long

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

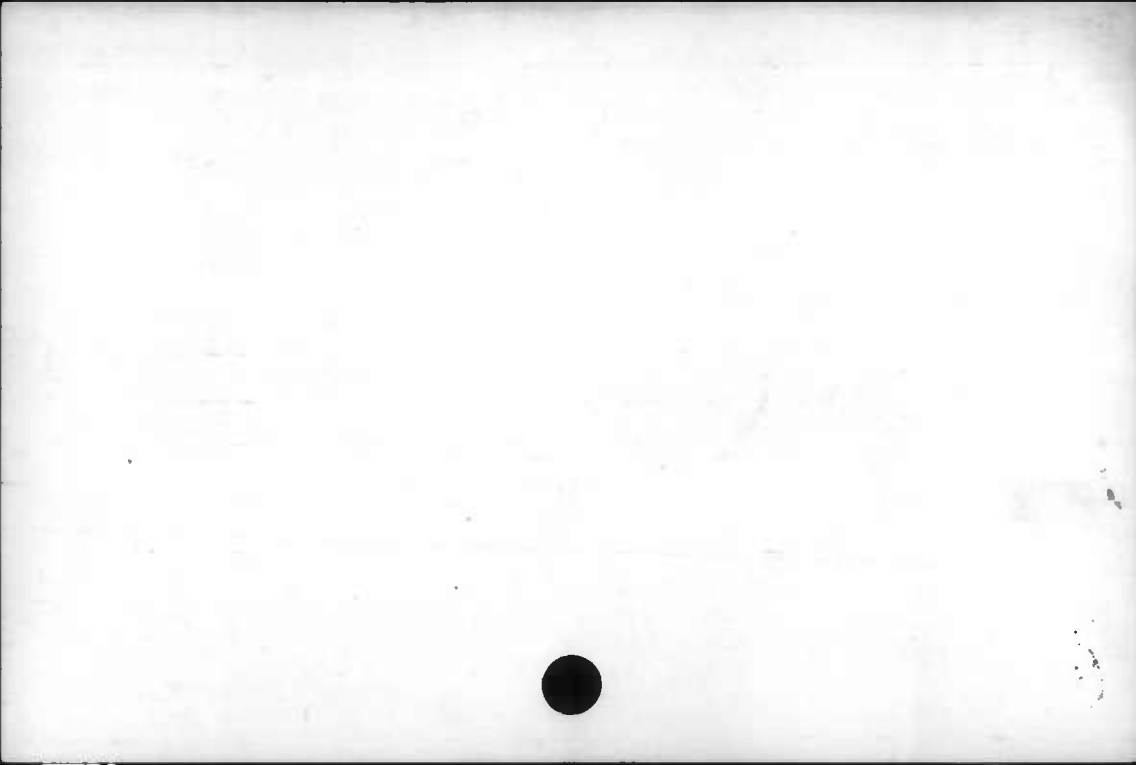
Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

151

*L. B. Gorman's Sup*  
*Taney Town*





Name  
in  
Full

CERTIFICATE OF DEATH

Charles D. S. Mayo  
Town *Sylkesville* County *Carroll*

MARYLAND

Died at *Sylkesville* Month *June* Day *27<sup>th</sup>* Years *50* Months *—* Days *—*

Date of death *1909 June 27<sup>th</sup>* Age *50*

Sex *Male* Color or Race *White* Birth-place *Virginia*

Occupation *Preacher* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Unknown*

Father's Name *Unknown* Father's Birthplace *Virginia*

Mother's Maiden Name *Unknown* Mother's Birthplace *Virginia*

Name of person giving Information *Hospital Records* How related to deceased

CAUSES OF DEATH

Primary *Simple Melancholia* How long *2 yrs.,*

Immediate *Cerebral Congestion* How long *3 days*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *E. H. Snavely*

Address *Springfield State Hosp.  
Sylkesville, Md.*

Accident or Suicide *No.*

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

Tesse Mutch

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *Springfield Hospital -* *Carrace* County *MARYLAND*

Date of death *1909* Month *June* Day *30<sup>th</sup>* Age *41* Years Months *-* Days *-*

Sex *Female* Color or Race *White* Birth-place *Mass.*

Occupation *Domestic* Where Residing if not at place of death

Married, Single or Widowed *Widow* Name of Wife or Husband *Unknown.*

Father's Name *Joseph Rodgers* Father's Birthplace *Penn.*

Mother's Maiden Name *Ruth Weeks* Mother's Birthplace *Mass.*

Name of person giving Information *Hospital records* How related to deceased *None.*

## CAUSES OF DEATH

64

Primary *General Paresis* How long *3 yrs.*

Immediate *Cerebral Congestion* How long *1 day*

Are the name, age, sex, color, date and place correctly given above? *yes.*

Signature of Physician

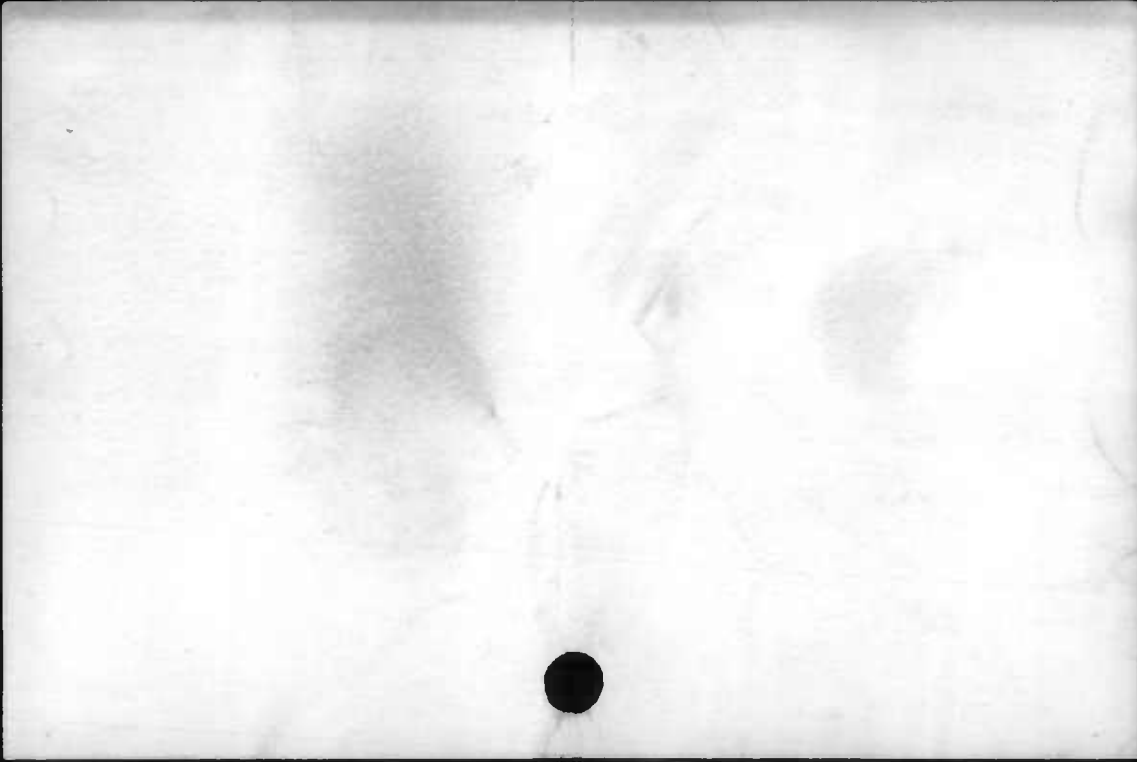
*W. Henry Fisher M.D.*

*Sykesville*

*Ind.*

Address

Accident or Suicide *No.*PHYSICIAN  
OR  
CORONER



Name  
in  
Full

Della May Osborn

492  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

Died <del>at</del> near <i>Gist</i>			County <i>Carroll</i>			MARYLAND		
Date of death	Month	Day	Age	Years	Months	Days		
<i>1909</i>	<i>June</i>	<i>24</i>	<i>21</i>		<i>11</i>	<i>18</i>		
Sex	Color or Race		Birth-place					
<i>Female</i>	<i>White</i>		<i>Carroll Co. Md</i>					
Occupation	Where Residing if not at place of death							
<i>Housewife</i>	<i>same</i>							
Married, Single or Widowed	Name of <del>Wife or</del> Husband							
<i>married</i>	<i>John E. Osborn</i>							
Father's Name	Father's Birthplace							
<i>B. Peyton Pool</i>	<i>md</i>							
Mother's Maiden Name	Mother's Birthplace							
<i>Margaret H. Shipley</i>	<i>md</i>							
Name of person giving information	How related to deceased							
<i>B. Peyton Pool</i>	<i>Father</i>							

## CAUSES OF DEATH

27

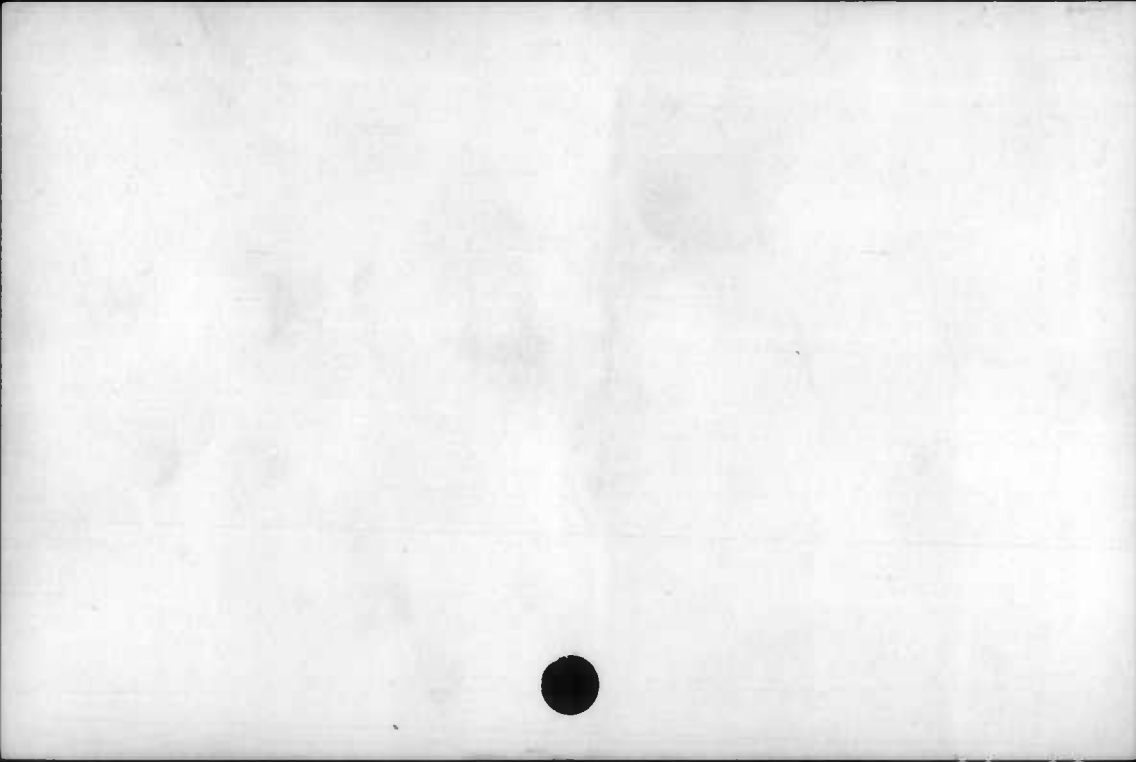
PHYSICIAN  
OR CORONER

Primary	<i>Pulmonary Tuberculosis</i>	How long	<i>2 yrs.</i>
Immediate	<i>asthenia</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>MD Morris</i>
		Address	<i>Eldersburg</i>
			<i>md.</i>
Accident or Suicide?	<i>no.</i>		

Bethesda  
Circles  
Pomer

7  
2  
6/1

Name in Full		Elizabeth Parsons				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at		Springfield Hospital		County		Carrace		
	Date of death		1909	Month	June	Day	26	Age	
					Years		75	Months	
							Days		
	Sex		Female		Color or Race		White		
	Occupation		Nurse		Birth-place		Md.		
					Where Residing if not at place of death				
Married, Single or Widowed		Single		Name of Wife or Husband					
Father's Name		Thos. Parsons				Father's Birthplace		Md.	
Mother's Maiden Name		Eliz. Osman				Mother's Birthplace		Md.	
Name of person giving information		Hospital records.				How related to deceased		None	
		CAUSES OF DEATH				120			
PHYSICIAN OF CORONER	Primary		Chronic Nephritis				How long		1 1/2 yrs.
	Immediate		Uraemia and Exhaustion				How long		10 days.
	Are the name, age, sex, color, date and place correctly given above?		yes.				Signature of Physician		W. Henry Fisher M.D.
							Address		Sykesville Md.
	Accident or Suicide?		None.						





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Margaret Reisler* Town *York Road* County *Carroll* **MARYLAND**

Died at *York Road*

Date of death 190 *9* Month *6* Day *9* Age *16* Years Months Days

Sex *Female* Color or Race *White* Birth-place *MD*

Occupation *None* Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed *Single* Name of Wife or Husband \_\_\_\_\_

Father's Name *Lloyd Reisler* Father's Birthplace *MD*

Mother's Maiden Name *Margaret Wakefield* Mother's Birthplace *MD*

Name of person giving Information *Lloyd Reisler* How related to deceased *Father,*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Pulmonary Tuberculosis* How long *2 1/2 yrs.*

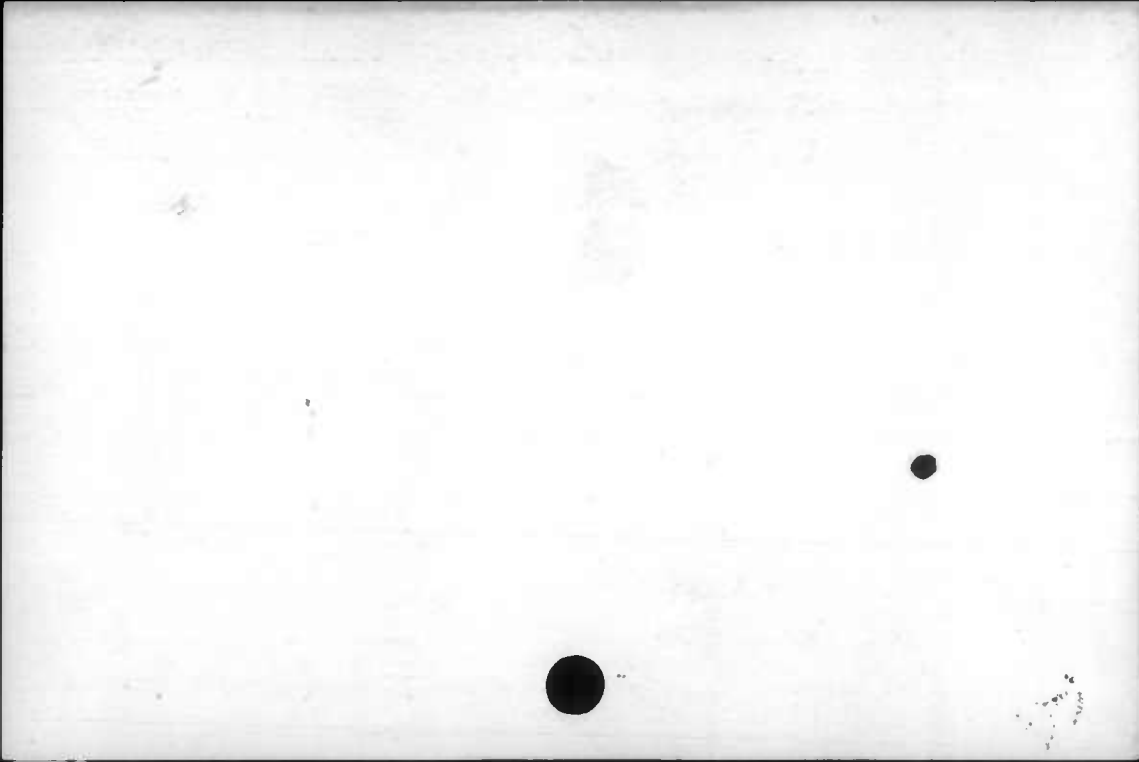
Immediate *General Asthenia* How long \_\_\_\_\_

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *J. H. Legg*

Address *Union Bridge, MD.*

Accident or Suicide *no*



Name  
in  
Full

Robert L. Sautsbury

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town  
Died at *Springfield Hospital* County *Carroll* **MARYLAND**

Month  
Date of death *1909 June* Day *4* Age *50* Months Days

Sex *M* Color or Race *W* Birth-place *md*

Occupation *none* Where Residing if not at place of death

Married, Single or Widowed *Single* Name of Wife or Husband

Father's Name *Jas H. Sautsbury* Father's Birthplace *md*

Mother's Maiden Name *Mary E. Gullett* Mother's Birthplace *Del*

Name of person giving Information *Hospital records* How related to deceased

## CAUSES OF DEATH

82

PHYSICIAN  
OR CORONER

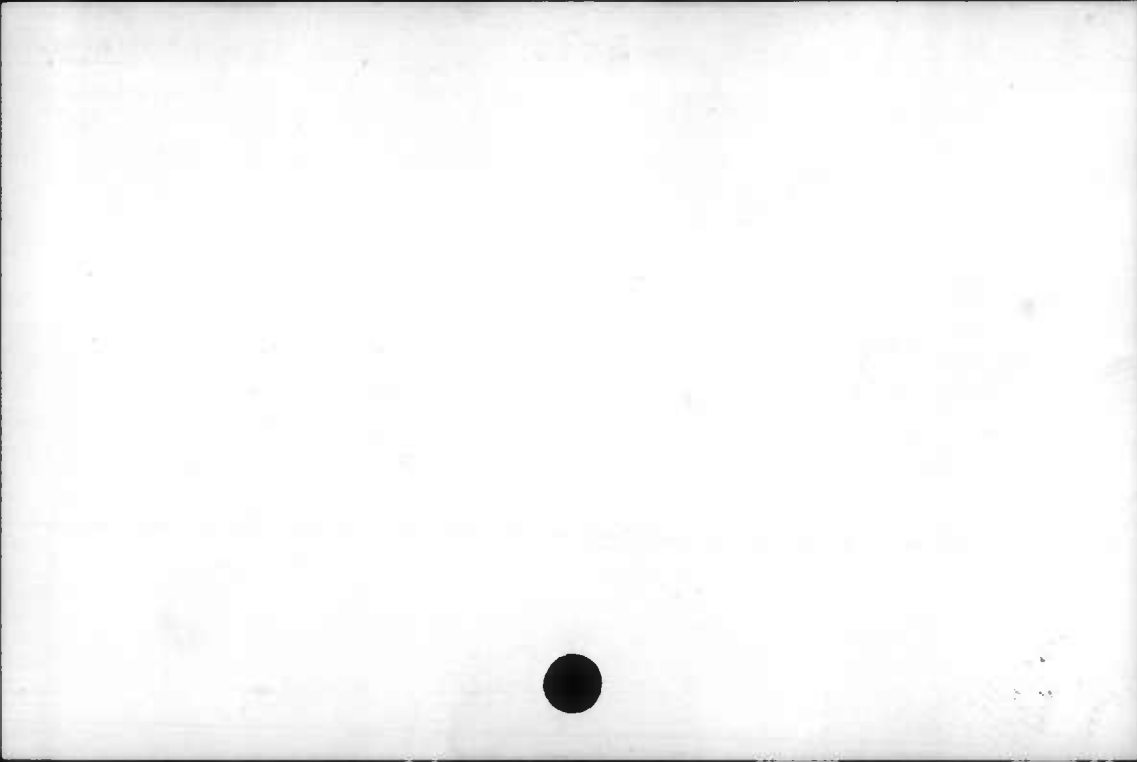
Primary *Cerebral emboli* How long *9 days*

Immediate *Exhaustion* How long *Progressive*

Are the name, age, sex, color, data and place correctly given above? *Yes* Signature of Physician *Chas. J. Casey*

Address *Hydenville md.*

Accident or Suicide *No*



Name  
in  
Full486  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

Joshua Wilbur Shipley		Town		County		MARYLAND	
Died at near List		Carroll					
Date of death	1909	Month	June	Day	5	Age	38
						Months	9
						Days	20
Sex	male	Color or Race	white	Birth-place	Carroll		
Occupation	Farmer	Where Residing if not at place of death		same			
Married, Single or Widowed	married	Name of Wife or Husband	Ella M. Shipley				
Father's Name	James Henry Shipley			Father's Birthplace	Md.		
Mother's Maiden Name	Sarah M. Murray			Mother's Birthplace	Md.		
Name of person giving Information	Clara Ethel Shipley			How related to deceased	Daughter		

## CAUSES OF DEATH

171

PHYSICIAN  
OR CORONER

Primary	Struck by lightning	How long	Instantaneous
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	M D Morris
		Address	Eldersburg Md.
Accident or Suicide	accident		

Bethesda Church

Sharer

Name  
in  
Full

Rosa Smith

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town Union Bridge County Carroll MARYLAND

Died at Union Bridge

Date of death 1909 Month 6 Day 6 Age 27 Months — Days —

Sex Female Color or Race White Birth-place Md

Occupation Housewife Where Residing if not at place of death —

Married, Single or Widowed Married Name of Wife or Husband Harry Smith

Father's Name William Crabbs Father's Birthplace reed

Mother's Maiden Name Annier Pickings Mother's Birthplace —

Name of person giving Information William Crabbs How related to deceased Brother

## CAUSES OF DEATH

27

Primary Pulmonary Tuberculosis How long 2 1/2 years

Immediate General Asthenia How long —

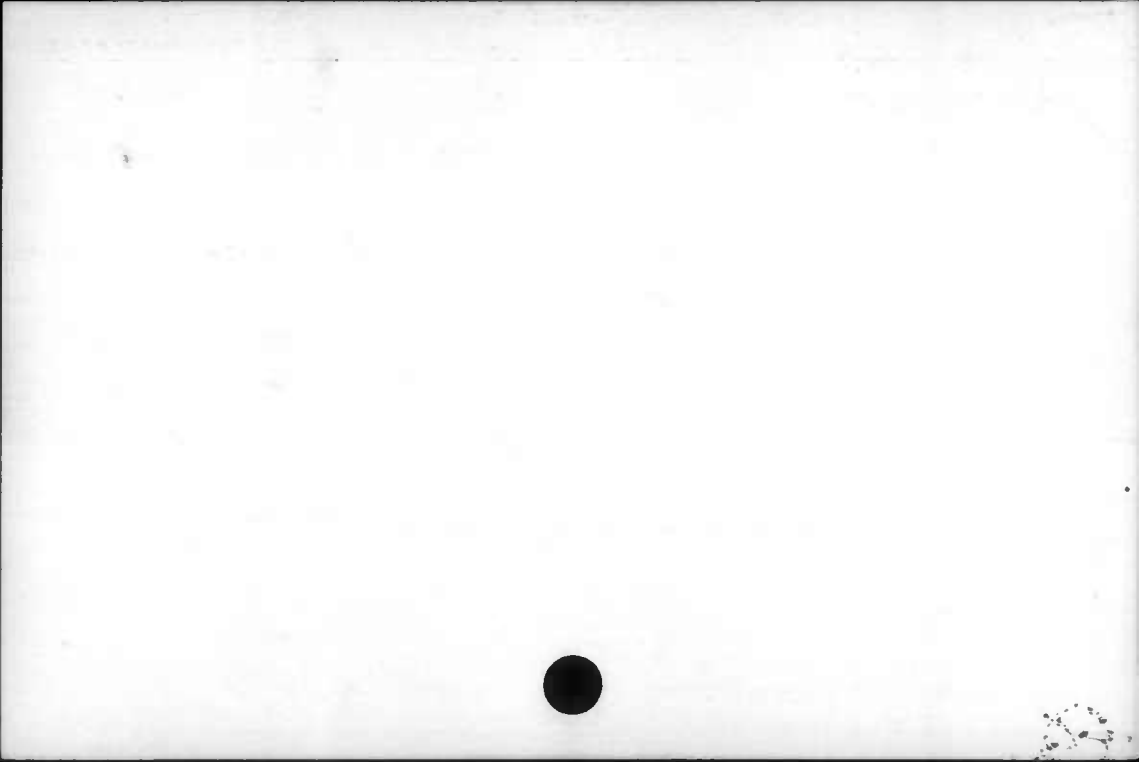
Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician T. H. Legg

Address Union Bridge, Md.

Accident or Suicide no

PHYSICIAN  
OR CORONER





Name  
in  
Full420  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Sandysville</i> <small>Town</small>		<i>Carroll</i> <small>County</small>		MARYLAND	
Date of death <i>1909 June 9</i> <small>Month Day</small>		Age <i>55</i> <small>Years</small>		Months	Days
Sex <i>Female</i>	Color or Race <i>white</i>	Birth-place <i>Maryland</i>			
Occupation <i>House Work</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Jacob Tanner</i>	Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Emaline Fisher</i>	Mother's Birthplace <i>do</i>				
Name of person giving information <i>William Tanner</i>	How related to deceased <i>Brother</i>				

## CAUSES OF DEATH

94

PHYSICIAN  
OR CORONER

Primary	<i>Pleurisy with Effusion</i>	How long	<i>4 or 5 weeks</i>
Immediate	<i>Exhaustion</i>	How long	<i>48 hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Chas. R. Rout.</i>
		Address	<i>Westminster Md.</i>
Accident or Suicide?	<i>no</i>		

Sandy Amount  
Shaver



Name  
in  
Full

Iona May Trump

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

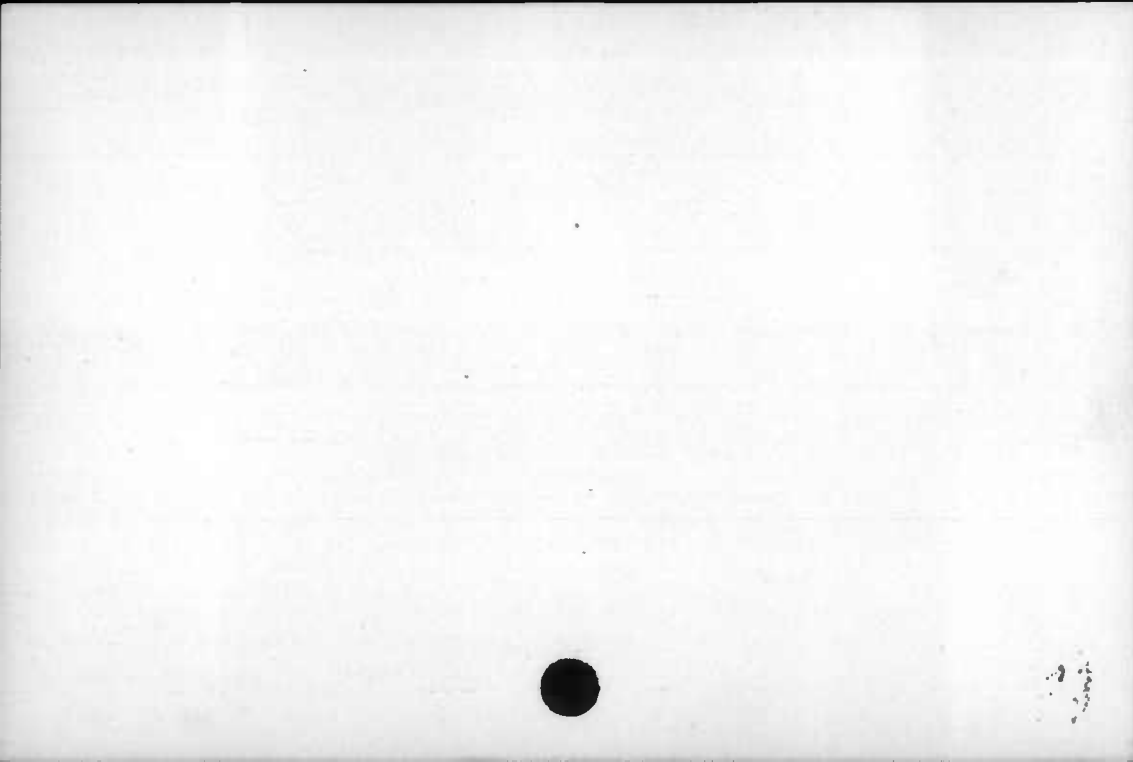
Died at <i>Snydersburg</i> <sup>Town</sup>		<i>Carroll</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1909</i>	Month <i>June</i>	Day <i>8</i>	Age <i>—</i>	Years <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Carroll Co Md</i>		Months <i>—</i> Days <i>2</i>	
Occupation <i>None</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Chas E. Trump</i>	Father's Birthplace <i>Frederick Co Md</i>		Mother's Birthplace <i>Frederick Co Md</i>		
Mother's Maiden Name <i>Annie E. Armer</i>	Name of person giving information <i>Chas E. Trump</i>		How related to deceased <i>Father</i>		

## CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

Primary <i>Premature Birth 7 months</i>	How long <i>7 months</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J H Sherman M.D.</i>
	Address <i>Manchester</i>
Accident or Suicide? <i>no</i>	<i>Md</i>



Name  
in  
Full

Ruth Francis Trump

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

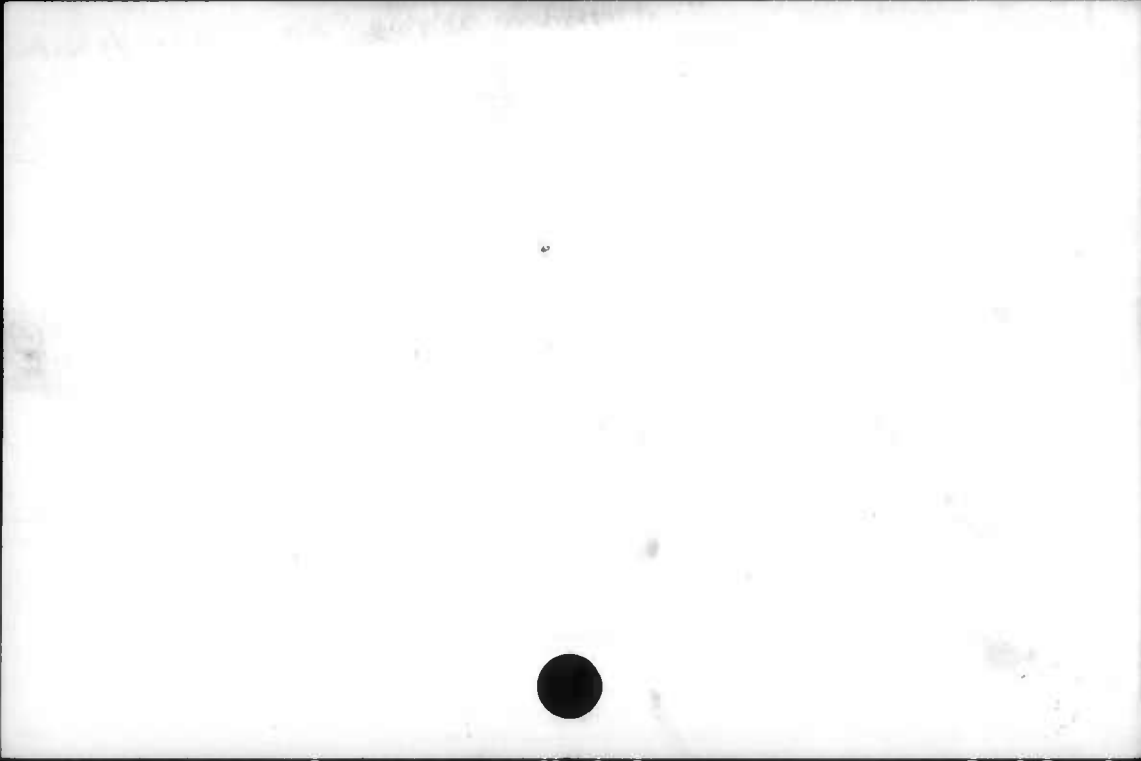
Died at *Snydesburg* Town *Carroll* County  
Date of death 1909 *June* Month *7* Day Age *—* Years *—* Months *—* Days *1*  
Sex *Female* Color or Race *White* Birth-place *Snydesburg*  
Occupation *None* Where Residing if not at place of death *—*

Married, Single or Widowed *single* Name of Wife or Husband *—*  
Father's Name *Chas E Trump* Father's Birthplace *Frederick Co Md*  
Mother's Maiden Name *Annie E. Trump* Mother's Birthplace *Frederick Co Md*  
Name of person giving Information *Chas E Trump* How related to deceased *Father*

CAUSES OF DEATH

Primary *Premature Birth - 7 months* How long *151*  
Immediate *—* How long *—*  
Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *J. H. Sherman M.D.*  
Address *Manchester Md*  
Accident or Suicide *no*

PHYSICIAN  
OR CORONER



Name

in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Manchester</i>		County <i>Cornwall</i>		— MARYLAND	
Date of death		190 <i>9</i>	Month <i>6-</i>	Day <i>10</i>	Age <i>24</i>	Months <i>8</i>	Days <i>26</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Manchester</i>			
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>Manchester</i>					
Married, Single or Widowed <i>single</i>		Name of Wife or Husband					
Father's Name <i>Jacob W. Warhine</i>		Father's Birthplace <i>Md. Mills</i>					
Mother's Maiden Name <i>Helen H. Warhine</i>		Mother's Birthplace <i>Manchester</i>					
Name of person giving information <i>Jacob W. Warhine</i>		How related to deceased <i>Father</i>					

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary	<i>Rheumatism &amp; Organic Heart disease</i>	How long <i>Several years</i>
Immediate	<i>uraemic convulsions</i>	How long <i>17 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>John S. Ziegler</i>
		Address <i>Melrose</i>
		<i>Md</i>
Accident or Suicide?		



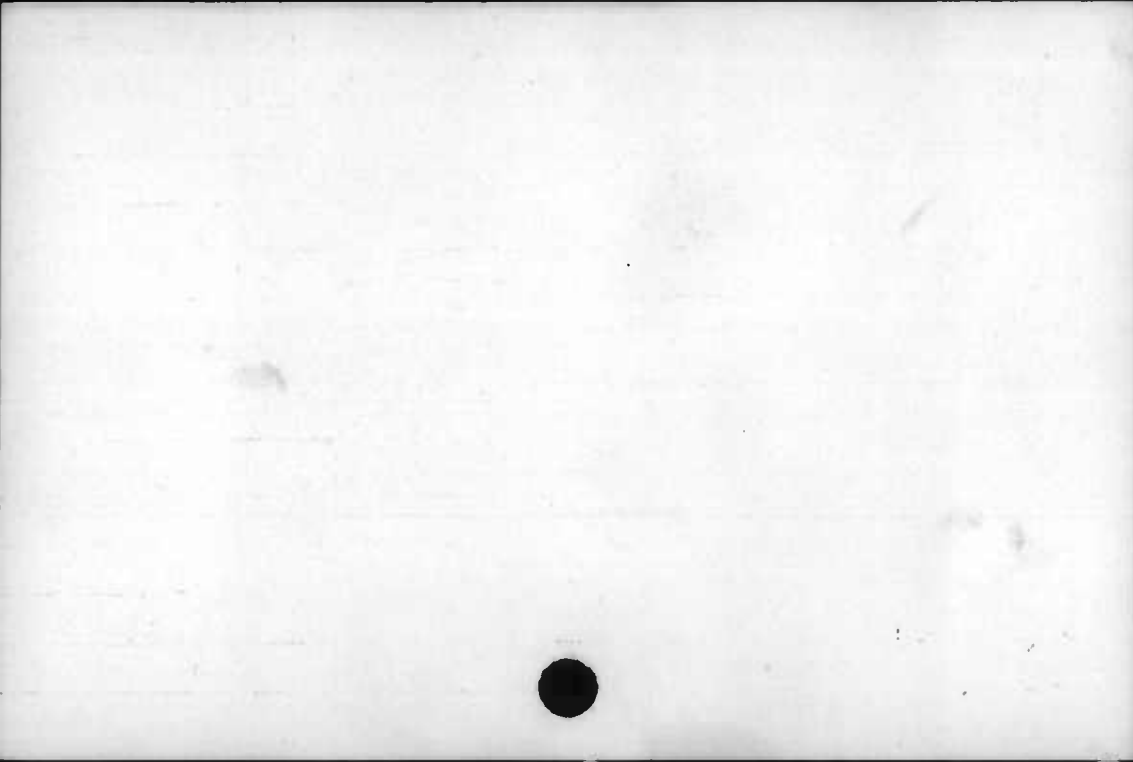
Dr. J. Ziegler  
Mechran  
Md



Name in Full		CERTIFICATE OF DEATH			
Joseph Wink		Town Manduster		County Carroll	
Died at		MARYLAND			
Date of death	1907	Month June	Day 27	Age Years 78	Months 1 Days 3
Sex Male	Color or Race White	Birth-place Hampstead			
Occupation Carpenter	Where Residing if not at place of death				
Married, Single or Widowed Widowed	Name of Wife or Husband Susan Winkler				
Father's Name George Wink	Father's Birthplace Maryland				
Mother's Maiden Name Susan Zenger	Mother's Birthplace Maryland				
Name of person giving information Edward Wink	How related to deceased Son				
<div>CAUSES OF DEATH</div> <div>114</div>					
Primary Tumor of Liver		How long 1 year			
Immediate		How long			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician J. H. Sherman M.D.			
		Address Manduster Md			
Accident or Suicide?					

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Unknown

Town

County

Carroll

MARYLAND

Date

of death 190

Month

Day

Years

Months

Days

9 June 11

Age

About 58

Sex

Male

Color or  
Race

White

Birth-  
place

Unknown

Occupation

Unknown

Where Residing if not  
at place of death

Married, Single  
or Widowed

Unknown

Name of Wife or  
Husband

Unknown

Father's  
Name

Unknown

Father's  
Birthplace

Mother's  
Maiden Name

Unknown

Mother's  
Birthplace

Name of person giving  
Information

~~He~~ Early Coroner

How related  
to deceased

None

CAUSES OF DEATH

Primary

\_\_\_\_\_

How long

\_\_\_\_\_

Immediate

Killed By Rail Road Train

How long

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

Harry F. Leasley  
Coroner

Accident or ~~Coisider~~

PHYSICIAN  
OR  
CORONER

